



Plan to cut children from RIte Care draws fire

The governor says the state could save \$4 million by eliminating health-care coverage for 3,000 children of illegal immigrants.

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Wading into an area of thorny national debate, Governor Carcieri says undocumented immigrant children are not Rhode Island's children to worry about. He wants to cut their state-financed health insurance to save \$4 million this fiscal year. But would it save money? And could Carcieri win that budget battle? "I want to take care of Rhode Islanders. We can't take care of the rest of the world's problems, in terms of health care," Carcieri said earlier this month as he proposed eliminating 3,000 undocumented children from RIte Care, the state's Medicaid program for low-income families.

Health-care experts, child advocates, civil libertarians and others say Carcieri's proposed cut is "short-sighted," "mean-spirited" and "inhumane" public policy, with potentially fatal consequences. Supporters say Carcieri is correct to rein in entitlement programs in a time of difficult choices; others underscore a need to cut any and all support to illegal immigrants. Detractors of the governor's proposal point out that federal law permits undocumented children to attend public schools, and predict that eliminating their preventive health care coverage would pose a public-health risk, and would lead to more-severe illnesses, increased pressure on emergency rooms and costlier care.

"It's very clear that there are children who are going to become ill because of this decision," said Dr. Mack Johnston, chief medical officer of the Neighborhood Health Plan of Rhode Island, which delivers the RIte Care benefit. ". . . The real challenge is, what does the governor want us to do with children who are in treatment?" Johnston said. "We have children who are being successfully treated for asthma, who manage to go to school and avoid emergency rooms. We've had cases of children who have had leukemia, and truth be told, would not be with us today if they had not been treated. "At the end of the day, it doesn't make sense to me," Johnston said. "It's going to be children who are sicker who will turn to emergency rooms, and fuel the need for uncompensated care in this state. The last thing we should be looking to do is increase our uninsured population."

Steven Brown, executive director of the Rhode Island Affiliate of the American Civil Liberties Union, said: "It is extraordinarily callous to punish young children for the alleged 'sins' of their parents, but that is exactly what this budget does." Said Brown, "However much the governor might want to soothe his conscience, the suffering of these children living in our midst does not become invisible by calling them 'the rest of the world's problems.' "

CARCIERI DECLINED a request for an interview to discuss his proposal. His spokesman, Jeff Neal, said the governor is trying to pare down the RIte Care program to provide "Rhode Island children with health care." That is, he added, "children who are legally entitled to be in Rhode Island." Neal explained that since the program was expanded in 1999 to include undocumented children, Medicaid spending has been rising "at the rate of 9 or 10 percent per year." "This year, we're also going to have an additional problem with the fact that our federal reimbursements for Medicaid are going to drop by about \$35 million," said Neal. He said the governor had met with human-services staff before proposing this cut. "He spent a long time -- he took extra time to submit his budget. He wanted to make sure we had done everything possible to understand what cuts were necessary to close a \$300-million spending gap," said Neal. "So the governor certainly did not take this decision lightly."

Gary Sasse, executive director of the business-financed research and advocacy group the Rhode Island Public Expenditure Council, said, "I think the real bottom line is, the cost of government shouldn't grow faster than the ability to pay for it. "About 40 cents of every new dollar that the state spends goes to entitlement programs, said Sasse, "so you could not avoid cutting entitlements. Any area would have represented a difficult decision. . . . I appreciate the toughness of the choice." Sasse said he believes the real remedy "is to grow the economy of the state and grow the tax base. That's the answer. But as long as you have to balance the budget" with a limited amount of money, "then I think the governor's moving in the right direction to try to control entitlement spending."

THE EXCLUSION of undocumented immigrants taps into a subject "that is attracting a tremendous amount of interest across the country," says Darrell West, a Brown University political-science professor. "We've seen vigilante groups arise that are policing the border and hunting down illegal immigrants. It's very much a hot-button issue on all sides, and people feel very intensely about it," said Brown. Carcieri's proposal is one of a number of anti-immigration measures being proposed around the country by governors and lawmakers.

According to Tanya Broder, public benefits lawyer for the National Immigration Law Center, in Washington, D.C., restrictionist groups last year lobbied states to adopt measures targeting immigrants, after Arizona's Proposition 200 passed in 2004. (Proposition 200 requires state and local agencies to verify the immigration status of benefit applicants, and to report any apparent immigration-law violations to federal immigration authorities.) More than 80 such bills were introduced last year, but almost all the bills "either stalled in legislative committees or were defeated," according to Broder, who wrote an issue brief that was posted on the National Immigration Law Center Web site (www.nilc.org) in November. But restrictionist groups are expected to pursue similar legislation or initiatives in several states this year, she wrote. In a telephone interview from California, Broder said: "When proposals target undocumented residents, the effect is felt much more broadly," because the climate of fear that ensues can make entitled citizens reluctant to claim services. She added, "Any attempt to protect public health is

going to be thwarted if a segment of the population is cut off by those efforts. Preventive care is generally cost-effective."

According to Broder, Washington state, Massachusetts, New York, Washington, D.C., and numerous California counties also provide state-financed health care to undocumented children; Illinois recently passed legislation to do so. Those are all states with large immigrant populations. Broder also noted that the Washington state legislature had cut, then recently restored, full-scope health coverage, regardless of residency status, after discovering that it was costlier not to offer preventive care.

Ira Mehlman, spokesman for the national organization FAIR (Federation for American Immigration Reform), says his group "advocates enforcement of immigration laws against illegal immigration." FAIR members have been working in New England, particularly in Connecticut and Massachusetts, to defeat measures that would benefit undocumented immigrants. Mehlman said given that Carcieri "has, number one, finite resources, and has to operate under state law to present a balanced budget, he has to cut somewhere. It seems perfectly reasonable to give preference to people who are in the country legally over those who aren't."

Elizabeth Burke Bryant, executive director of Rhode Island Kids Count, notes that under the Plyer v. Doe Supreme Court ruling of 1982, undocumented children have a right to public education. State law also deems that every resident child must be enrolled, regardless of the parents' legal status. "So to have a companion public-policy decision that would remove them from access to health care wouldn't make sense," said Burke Bryant. "It is very predictable that these children can run into health problems that will escalate and become much more costly for their health care," she said, "so it's a public-health issue. It's an issue that the children are in school; they're part of our community. They're children in Rhode Island that should be covered by RIte Care."

Marti Rosenberg, executive director of the advocacy group Ocean State Action, said Carcieri's proposal reflects "the quintessential, 'Pay now, or pay more later' situation." "These are all Rhode Island children. They're all our kids. They all have to be taken care of," said Rosenberg. "I think you could be a cold, calculating numbers-cruncher and still understand that, if you cut off 3,000 children from RIte Care, we're going to pay for it later."

AMONG THOSE who say they intend to testify against Carcieri's proposal is Dr. Patricia Flanagan, new legislative co-chairwoman for the Rhode Island Chapter of the American Academy of Pediatrics. Flanagan runs a clinic at Hasbro Children's Hospital, in Providence, that provides primary care for teenage parents and their babies. "I think it's really short-sighted," Flanagan said of the cuts. "On the human side, I think it's cruel and unusual punishment for kids who have done nothing except have their parents bring them here" to the United States.

"Preventive care for children is relatively cheap when you look at what it costs to take care of a sick child. Whether it's something like asthma, where a very few low-cost visits

to a primary health-care provider can keep a child healthy, or immunizations -- they're relatively cheap, and we know they do such a good job keeping kids healthy and preventing the higher-cost illnesses. "Flanagan added, "To see this budget just makes you want to cry. You want to stand up and say, 'Why would we do this?' "

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